

PART B - FEE(S) TRANSMITTAL

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26712 7590 01/09/2007

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 BUFFALO, NY 14203-2391

02/15/2007 RFEKADU2 00000120 10718452

01 FC:1501
 02 FC:1504 1400.00 0P
 03 APPLN NO. 400.00 0P
 04 FILING DATE 30.00 0P

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Alicia Falkenbach

(Depositor's name)

Alicia Falkenbach

(Signature)

February 13, 2007

(Date)

APPLN. NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/718,452	11/20/2003	Ulrich Sander	33997.0093 (L 012 P-US)	9827

TITLE OF INVENTION: STEREOMICROSCOPE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	04/09/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS				
AMARI, ALESSANDRO V	2872	359-380000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Hodgson Russ LLP

2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Leica Microsystems (Schweiz) AG

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Heerbrugg, Switzerland CH-9435

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date February 13, 2007

Typed or printed name George L. Snyder, Jr.

Registration No. 37,729

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